

Name: First MI Last
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!
support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- _____
- _____
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
- Name of Waitlist Administrator *optional* _____
- Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? **If "Yes" you must provide the full SSN!**

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter-language:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Other Members: Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (some programs may grant you priority status)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

This is an important document. If you require language interpretation, please call the management agent for this development directly.

Este es un documento importante. Si usted requiere interpretación de idioma, por favor llame directamente al agente de gestión para la propiedad.

这是一份重要文件，如果您需要翻译，请直接致电该物业的代理。

Este é um documento importante. Se precisar de interpretação de linguagem, favor chamar diretamente o agente de administração da propriedade.

Este é um documento importante. Caso você precise de interpretação de idiomas, por favor, ligue diretamente para o agente responsável por gerenciar a propriedade.

"Это важный документ. Если Вам необходима интерпретация языка, обратитесь, пожалуйста, непосредственно к административному агенту по поводу данного объекта."

Se yo dokiman enpòtan. Si ou bezwen sèvis entèpretasyon, tanpri rele ajan jesyon an, pou pwopriyete an, dirèkteman.

Questo è un documento importante. Se si ha bisogno di un interprete per la lingua, chiamare l'agente responsabile, per la proprietà, direttamente.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng gọi trực tiếp cho đại lý bất động sản. ។
នេះជាឯកសារសំខាន់។ នៅបើអ្នកកត់ត្រាការការបកស្រាយភាសា,
សូមទូរស័ព្ទទៅភ្នាក់ងារ រកបំ រកម្ចាស់អចលនវត្ថុនេះដោយផ្ទាល់។

Thank you for your interest in housing at *Rogers Hall Apartments*.

Per your request, enclosed please find site information and our Rental Application. In order for your application to be processed, you must complete all information on the application.

All applicants and adult members of resident households are required to provide a positive, State of Federal Government-issued Photo ID. The following are acceptable documents that establish identity with photographs. Please also include a copy of birth certificate and social security card.

1. Drivers license or ID card issued by a state or outlying possession of the United States provided it contains a photograph and current address.
2. U.S. Pass Passport (unexpired or expired)
3. Unexpired foreign passport.
4. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)

The completed application should be returned directly to the site office, not to Peabody Properties. Please include a copies of photo id, Social Security card and birth certificate with application. When your application is ready to be processed, we will arrange an appointment for you to come to the Management Office to sign the additional paperwork required to complete the application process.

Please feel free to contact the rental office at (978) 937-3915 with any questions you may have.

Again, thank you for your interested in our development. We look forward to meeting with you in the future.

Sincerely,
PEABODY PROPERTIES, INC.

Marguerite Marcotte
Property Manager
Rogers Hall

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

ROGERS HALL

Site Name: Rogers Hall
Address: 196 Rogers Street, Lowell, MA 01852
Phone: 978-937-3915
Fax: 978-452-8338
E-mail: Rogers@Peabodyproperties.com

Rogers Hall is a three story historic building located at 196 Rogers Street, Lowell, MA. This complex is composed of 60 one bedroom units; some units are barrier-free with easy access for the mobility impaired. We are conveniently located near Route 495 & Route 3.

All apartments are fully appliance and offer (telephone entry system, master TV antenna, emergency pull cords, cable TV hook-ups, wall to wall carpet & parking. The Management Office is located on-site and we offer 24-hour emergency maintenance service.

Rogers Hall is funded through MHFA 202 program. Project Based Section 8 assistance guidelines, priorities and preferences are in effect. Eligibility is restricted to individuals who are elderly and/or disabled handicapped who fall within the income guidelines.

INCOME LIMITS: FY '19 (limits may change each year)

	1 Person	2 People
Very Low	\$37,700	\$43,050
Extremely Low	\$22,650	\$25,850

Rent: Based on the (Project Base Section 8), residents pay the greater of 30% of their adjusted income and a security deposit equal to one month's rent is required. Heat, hot water and electricity are included in rent.

Priorities/Preferences that may affect status on our waiting list include an individual or family who is: 1.) homeless due to displacement by natural forces; 2.) homeless due to displacement by public action (urban renewal); 3.) homeless due to displacement by public action (sanitary code violation); and 4.) involuntarily displaced by domestic violence.

Our Resident Selection Plan requires that our office thoroughly screen all applicants to determine suitability for residency. This includes a review of the following past behaviors: 1.) ability and willingness to pay the rent; 2.) ability and willingness to comply with the lease; 3.) ability and willingness to care for or provide for care of the apartment; and 4.) ability and willingness to cooperate with the staff.

Accordingly, our office will perform the screening for: 1.) landlord check; 2.) credit references; 3.) criminal check; and 4.) income and asset verification.

It is important to remember that falsification of any information is grounds for rejection of your application. If you have any questions or require a reasonable accommodation, we will be glad to provide assistance.

PPI does not discriminate based on race, color, religious creed, national origin, sex, sexual orientation, age, children, ancestry, marital status, veteran history, public assistance recipient or handicap (mental or physical).

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Common Rental Pre-Application

Name of Development APPLYING TO:	Rogers Hall Apartments
Development Address:	196 Rogers Street, Lowell, MA 01852
Management Agent:	Peabody Properties, Inc.
Development Phone Number:	978-937-3915

This form must be filled out in English. Please type or print neatly in ink. **All fields are required.** Read the instructions before completing each item.

1. Name and address of Head of Household

Last Name		First Name	Middle Initial
Mailing Address			Apt. #
City	State	Zip	
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Area Code	Telephone Number		
Email			

2. How many bedrooms does the household require? 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Loft ☐ SR ☐

3. Do you or does any member of your household need any specific features or apartment designs, such as, wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? ☐ Yes ☐ No

If yes, please describe:

4. List all the states where all household members have lived:

5. Are you or any household member required to register as a Sex Offender under Massachusetts or any other state law? ☐ Yes ☐ No

If yes, list the name of the person(s); the state where registration(s) needs to be filed and the length of time for which the registration is required.

6. Does the household have a Federal or State mobile housing voucher?

☐Yes ☐No

Agency:

The Management Agent will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

7. As of January 31, 2010 were you 62 or older and receiving HUD rental assistance at another location?

☐Yes ☐No

8. List all persons who will live with you, (include unborn children and live-in-aides). If you anticipate any household composition change in the next 12 months, please include all persons you expect to live with you.

#	Relationship	Full Name	Social Security Number * (###-##-####)	Birthdate (mm/dd/yyyy)	Student? (Y/N), then answer: Full Time (FT) or Part Time (PT)	Disabled (Y/N)
1	Self					
2						
3						
4						
5						
6						

***Not providing a Social Security number for the Pre-Application will not preclude you from being put on the waitlist**

9. Ethnicity, race and disability status of household members

(Optional Information/Your Answers Will Not Affect Your Application)

	Full Name	Ethnicity (Hispanic/Non-Hispanic/Decline)	Race (White/Black/Asian/American Indian/Native Hawaiian/Other/Decline)	Age
1				
2				
3				
4				
5				
6				

*****The Management Agent will not discriminate based on Disability status.**



10. Total Income: A household's income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (starting from the date of application and projecting forward 12 months). This excludes income earned by live-in-aides.

10a. Total GROSS (before taxes) monthly income: \$

Income means money from ANY source including Wages (tips, bonus and commission, if applicable) Military Pay, Veterans Benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self- Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring Contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

(enter "0" if not applicable)

10b. Value of household assets: \$ _____ Income earned from assets: \$ _____

Assets include checking and saving accounts, investments, stocks or bonds, mutual funds/trust accounts, certificates of deposit, IRA accounts (for example, 401K, Roth Keogh or other retirement investments), whole life insurance policy, and real estate of all household members. If any household member currently owns property, the total amount of equity in the home shall be added to their total value of assets.

11. Priorities and Preferences

Some of the properties that you are applying to may have eligibility requirements, whereby specific priorities/preferences may apply. In order to be considered for certain priorities/preferences, please check below ALL that apply: (Please note: The selection of priorities/preferences could impact where you are placed on the waitlist). Some developments may have additional preferences that are not included on this list. You may contact the development directly to inquire about any additional preferences that may apply.

- ☐ Homeless due to Displacement by Natural Forces
- ☐ Homeless due to Displacement by Urban Renewal
- ☐ Homeless due to Displacement by Sanitary Code Violations
- ☐ Involuntary Displacement by Domestic Violence
- ☐ Homeless Veterans
- ☐ Local Preference – Residents of
- ☐ Local Preference – Works in
- ☐ Local Preference – Child of household attends school in
- ☐ HUD VAWA Certification (Violence Against Women Act)
- ☐ Rent Burdened 50% of Income
- ☐ Rent Burdened 40% of Income
- ☐ Victim of Hate Crime
- ☐ Other
- ☐ Other
- ☐ Other

As your application nears the top of the waiting list, management will require documentation to verify the priority/preference selected.

In completing this Pre-Application, the Applicant has the right to include the name, address, telephone number, and other relevant information of a family member, friend, or advocate as the contact person to provide assistance to the Applicant in connection with this Pre-Application. (Federally assisted housing must include form HUD-92006, Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants)

Contact Person Name	Street	City	State	Zip	Telephone #
Relationship	Email Address				

Certification of applicant: (All adult applicants, 18 or older, must sign the Pre-Application.)

I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand

- ✓ that false statements or information will lead to rejection of this Pre-Application or termination of tenancy after occupancy;
- ✓ that in consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Pre-Application;
- ✓ that the owner/manager/agent will rely on the information provided by the Applicant, once verified, to make a determination that Applicant is eligible and qualified for housing.
- ✓ that I, the Applicant, must notify the properties, for which I have submitted a Pre-Application, of any change of address in writing and I understand that my Pre-Application may be cancelled if I fail to do so.

Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and personal references. No determination of actual suitability for housing will be made until the applicant comes to the top of the waiting list, completes the full rental application and screening is completed by the Agent and suitability for housing is determined.

Applicant authorizes landlords, personal references and credit and screening agencies to release any and all information to the owner/manager/employee or their agents or background checking agencies.

Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

X	
Signature of head of household	Date
X	
Signature of spouse or co-head of household	Date
X	
Signature of co-head of household	Date
X	
Signature of co-head of household	Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, for misusing the social security number as provided under the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

RIGHT TO REASONABLE ACCOMMODATION

The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

LIMITED ENGLISH PROFICIENCY

The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

The Agent for this property does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

Please Note: If you do not receive any information from the management agent within 30 calendar days of submitting this application, please contact the management agent directly.



MASS HOUSING APPLICATION ATTACHMENT - TSP

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Note: Upon request to the agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the development.

Applicant Name _____

SIZE OF APARTMENT NEEDED:

0BR ☐ 1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐ 5BR ☐ 6BR ☐

UNIT TYPE REQUESTED:

☐ Market Rent ☐ Wheelchair ☐ Hearing /Visual
☐ Basic Rent ☐ Adapted Unit ☐ Adapted Unit
☐ Low Rent ☐ Yes ☐ No ☐ Yes ☐ No

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

1. Have you been displaced from your home? ☐ Yes ☐ No
If so, please explain. _____
2. Does your present apartment contain health code violations ? ☐ Yes ☐ No
If so, please describe: _____
3. Is your present apartment too small for your family? ☐ Yes ☐ No
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? ☐ Yes ☐ No If so, please describe: _____

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or another member of the household? If so, please provide details: _____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____

Address _____

Name of Character Reference _____ Telephone _____

Address _____

Additional Required Information

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? ☐ Yes ☐ No. If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).



NOTE; A failure to respond fully to these questions may result in rejection or denial of this application.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

Peabody Properties, Inc, acting as management agent for Rogers Hall (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.



